

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.04099633
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,767,707.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,767,707.08</b>
<b>YTD Amount:</b>	\$	<b>37,047,796.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>4,837.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,837.48</b>
<b>YTD Amount:</b>	\$	<b>88,239.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>62,693.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>62,693.25</b>
<b>YTD Amount:</b>	\$	<b>693,666.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>404,596.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>404,596.68</b>
<b>YTD Amount:</b>	\$	<b>2,534,953.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>64,462.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,462.41</b>
<b>YTD Amount:</b>	\$	<b>437,054.93</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected: \$64,315,109.87 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$43,118,666.56 County/City Ratio: 0.00118558  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>51,120.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>51,120.63</b>
<b>YTD Amount:</b>	\$	<b>277,520.76</b>

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>897,539.19</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>897,539.19</b>
<b>YTD Amount:</b>	\$	<b>18,810,731.52</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00140174
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>60,441.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,441.16</b>
<b>YTD Amount:</b>	\$	<b>485,366.03</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>234,016.21</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>234,016.21</b>
<b>YTD Amount:</b>	\$	<b>1,382,050.95</b>

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	1,096,248.12
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,096,248.12
<b>YTD Amount:</b>	\$	22,975,293.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>57,983.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>57,983.83</b>
<b>YTD Amount:</b>	\$	<b>427,304.33</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>407,278.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>407,278.66</b>
<b>YTD Amount:</b>	\$	<b>1,855,863.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00935973
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>403,579.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>403,579.08</b>
<b>YTD Amount:</b>	\$	<b>2,127,860.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	78,856.71
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	78,856.71
<b>YTD Amount:</b>	\$	552,432.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>746,654.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>746,654.04</b>
<b>YTD Amount:</b>	\$	<b>15,648,456.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00466498
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	201,147.72
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	201,147.72
YTD Amount:	\$	1,382,851.47



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
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LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>88,464.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88,464.41</b>
<b>YTD Amount:</b>	\$	<b>831,081.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>63,385.73</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>63,385.73</b>
<b>YTD Amount:</b>	\$	<b>641,338.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.32827788
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>14,154,904.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,154,904.45</b>
<b>YTD Amount:</b>	\$	<b>296,660,081.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	198,175.55
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	198,175.55
YTD Amount:	\$	1,271,233.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01088549
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	469,367.81
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	469,367.81
YTD Amount:	\$	2,262,749.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected: \$64,315,109.87 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$43,118,666.56 County/City Ratio: 0.00078333  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>33,776.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,776.15</b>
<b>YTD Amount:</b>	\$	<b>272,813.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	127,911.96
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	127,911.96
<b>YTD Amount:</b>	\$	1,025,799.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00573509
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	247,289.43
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	247,289.43
YTD Amount:	\$	5,182,727.78



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	37,253.23
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	37,253.23
<b>YTD Amount:</b>	\$	311,717.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	53,169.20
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	53,169.20
<b>YTD Amount:</b>	\$	745,019.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>363,764.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>363,764.59</b>
<b>YTD Amount:</b>	\$	<b>7,623,822.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00458913
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>197,877.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>197,877.17</b>
<b>YTD Amount:</b>	\$	<b>1,102,355.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00291055
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	125,499.03
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	125,499.03
<b>YTD Amount:</b>	\$	772,787.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>2,380,284.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,380,284.92</b>
<b>YTD Amount:</b>	\$	<b>49,886,273.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00358833
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>154,724.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>154,724.00</b>
<b>YTD Amount:</b>	\$	<b>3,242,715.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	53,206.71
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	53,206.71
<b>YTD Amount:</b>	\$	238,864.00



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.03234151
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,394,522.79</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,394,522.79</b>
<b>YTD Amount:</b>	\$	<b>29,226,559.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.03348595
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,443,869.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,443,869.51</b>
<b>YTD Amount:</b>	\$	<b>30,260,771.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>75,941.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,941.89</b>
<b>YTD Amount:</b>	\$	<b>505,591.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,549,020.42</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,549,020.42</b>
<b>YTD Amount:</b>	\$	<b>32,464,540.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	2,646,649.19
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	2,646,649.19
<b>YTD Amount:</b>	\$	55,468,768.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	2,699,632.98
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	2,699,632.98
<b>YTD Amount:</b>	\$	56,579,209.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01414136
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>609,756.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>609,756.59</b>
<b>YTD Amount:</b>	\$	<b>12,779,353.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00470869
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>203,032.43</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>203,032.43</b>
<b>YTD Amount:</b>	\$	<b>4,255,184.33</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>626,515.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>626,515.52</b>
<b>YTD Amount:</b>	\$	<b>13,130,583.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected: \$64,315,109.87 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$43,118,666.56 County/City Ratio: 0.00867979  
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	374,260.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	374,260.97
YTD Amount:	\$	7,843,803.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.03493359
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,506,289.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,506,289.82</b>
<b>YTD Amount:</b>	\$	<b>31,568,999.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>253,818.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>253,818.89</b>
<b>YTD Amount:</b>	\$	<b>5,319,564.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>346,843.54</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>346,843.54</b>
<b>YTD Amount:</b>	\$	<b>1,939,267.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00028607
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	12,334.96
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	12,334.96
<b>YTD Amount:</b>	\$	122,622.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>98,044.95</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>98,044.95</b>
<b>YTD Amount:</b>	\$	<b>682,805.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01146357
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	494,293.85
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	494,293.85
<b>YTD Amount:</b>	\$	3,488,330.62



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>799,677.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>799,677.50</b>
<b>YTD Amount:</b>	\$	<b>3,842,845.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01149562
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	495,675.81
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	495,675.81
YTD Amount:	\$	10,388,437.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>193,425.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>193,425.60</b>
<b>YTD Amount:</b>	\$	<b>1,075,698.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>130,277.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>130,277.01</b>
<b>YTD Amount:</b>	\$	<b>819,608.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00127823
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	55,115.57
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	55,115.57
<b>YTD Amount:</b>	\$	543,626.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>441,395.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>441,395.87</b>
<b>YTD Amount:</b>	\$	<b>9,250,817.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>100,913.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>100,913.63</b>
<b>YTD Amount:</b>	\$	<b>659,635.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>585,072.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>585,072.44</b>
<b>YTD Amount:</b>	\$	<b>12,262,014.82</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>160,988.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>160,988.72</b>
<b>YTD Amount:</b>	\$	<b>3,374,018.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	157,854.85
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	157,854.85
<b>YTD Amount:</b>	\$	922,473.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>53,150.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>53,150.22</b>
<b>YTD Amount:</b>	\$	<b>1,113,922.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>241,167.88</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>241,167.88</b>
<b>YTD Amount:</b>	\$	<b>5,054,421.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000290A  
PAYMENT ISSUE DATE: 7/27/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$64,315,109.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$43,118,666.56	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>80,906.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>80,906.57</b>
<b>YTD Amount:</b>	\$	<b>1,695,650.62</b>